war of states

## FORM D

UNITED STATES

'TIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response.....16.00



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix		Serial				
DA	TE RECEIV	ED				
	:					

	79
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Units, consisting of Membership Interests in JSA Associates, LLC and Notes of J. Silver C	othing, Inc.
Filing Under (Check box(es) that apply): Rule 504 🗵 Rule 505 📋 Rule 506 🔲 Section 4(6	) 🗌 ULOE
Type of Filing:	AN SECHNED AND
A. BASIC IDENTIFICATION DATA	OCT 3 5 2004
l Enter the information requested about the issuer	UE 1 % 7 2004
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
) JSA Associates, LLC and J. Silver Clothing, Inc(2)	183/69
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
c/o James J. Fuld, Jr. Corp., 450 Park Avenue, New York, NY 10022	212-355-1770
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business  JSA Associates, LLC is a holding company which owns 100% of J. Silver Clothing, Inc., a vethnic customers.	vomen's apparel relate Centershipper-city
	please specify): UCT 2.7 2004
business trust Immited partnership, to be formed Limited Liab	ility Company sandstas corporate
Month Year	WANCIAL subsidiary
	LLC; 05/98 corporate
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	
CN for Canada; FN for other foreign jurisdiction)	De subsidiary

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File. A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Dh

			ENTIFICATION DATA		
2. Enter the information re	•	•	20.2	•	
•		suer has been organized w	•	5 100/	
	- '	ŕ	•		a class of equity securities of the issue
		•	corporate general and mar	naging partners of p	partnership issuers; and
Each general and i	managing partner o	f partnership issuers.			
Check Box(cs) that Apply:	Promoter	■ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first. James J. Fuld, Jr.	if individual)				
Business or Residence Addre 450 Park Avenue, Suite	ess (Number and 2002, New York	Street, City, State, Zip Co , NY 10022	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, ACI Capital/J. Silver, LLC					
Business or Residence Addre 707 Westchester Avenue			ode)		
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, James J. Fuld, Jr. Corp.,	if individual) as managing m	ember			
Business or Residence Address 450 Park Avenue, Suite 2			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first. JSA Associates, LLC, ow	·	I. Silver Clothing, Inc.			
Business or Residence Addre c/o James J. Fuld, Jr. Co					
Check Box(es) that Apply	Promoter	🗴 Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first. Neal I. Goldman	if individual)				
Business or Residence Addre c/o Goldman Capital Mar				0017	
Check Box(es) that Apply:	Promoter	Beneficial Owner	X Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	9.4			
Robert 8land					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
c/o J. Silver Cloth	ing, Inc., Or	ne Testa Place, S.	Norwalk, CT 06854	·	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first.	findividual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
	(Use bla	nk sheet, or copy and use	additional copies of this sl	neet, as necessary)	

		A. BASIC	IDENTIFICATI	ON DATĂ	经过过	
2. Enter the information re	quested for the fo	ollowing:				
<ul> <li>Each promoter of t</li> </ul>	he issuer, if the i	ssuer has been organize	d within the past	five years:		
<ul> <li>Each beneficial ow</li> </ul>	ner having the po	wer to vote or dispose, o	r direct the vote or	disposition of, 10	0% or more of a	class of equity securities of the iss
<ul> <li>Each executive off</li> </ul>	icer and director	of corporate issuers and	of corporate gen	eral and managin	g partners of p	artnership issuers; and
<ul> <li>Each general and n</li> </ul>	nanaging partner	of partnership issuers.				
Check Box(es) that Apply:	Promoter	Beneficial Own	er 🔽 Execut	ive Officer 🔼	Director	General and/or Managing Partner
Full Name (Last name first, i Richard Silver	f individual)					
Business or Residence Addre	ss (Number and	d Street, City, State, Zip One Testa Place,	Code) S. Norwalk,	CT 06854		
Check Box(es) that Apply:	Promoter	Beneficial Own	er 🕢 Execut	ive Officer 🔽	Director	General and/or Managing Partner
Full Name (Last name first, i John Cerreta	f individual)				<del></del>	
Business or Residence Addre c/o J. Silver Clothing, Inc.,						
Check Box(es) that Apply:	Promoter	Beneficial Own	er 🗌 Execut	ive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Business or Residence Addre	ss (Number and	1 Street, City, State, Zip	Code)			
Check Box(es) that Apply	Promoter	Beneficial Own	er Execut	ive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)			
Check Box(es) that Apply:	Promoter	Beneficial Own	er Execut	ive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Business or Residence Addre	ss (Number and	Street, City, State, Zip	(Code)	,, <u> </u>		· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter	Beneficial Own	er Execut	ive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Business or Residence Addres	ss (Number and	Street, City, State, Zip	(Code)			
Check Box(es) that Apply:	Promoter	Beneficial Own	er Execut	ve Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Business or Residence Addres	ss (Number and	Street, City, State, Zip	(Code)			

\$5 3.5					B. Î	NFORMAT	ION ABOU	T OFFERI	NG 💮 🚉	hii-sq	的影响		
1.	Hac the	issuer sol	d, or does tl	ne issuer i	ntend to se	ll 10 non-a	ccredited i	nvestors in	this offer	ina?		Yes	No ₩
1.	1145 (11)	. 133461 301	0, 01 0003 11			n Appendix				=	***************************************	Ŀ	
2.	What is	s the minin	num investn					-				<sub>§</sub> 25,	,000
												Yes	No
3.			permit join										
4.	commi. If a per or state a broke	ssion or sim son to be lis s, list the n er or dealer	tion request hilar remune sted is an ass ame of the b . you may s	ration for sociated per roker or detailed the	solicitation erson or age ealer. If me	of purchas ent of a brob ore than fiv	ers in conn ker or deale e (5) persoi	ection with r registered ns to be list	sales of se d with the S ed are asso	curities in t SEC and/or	he offering with a state		
Ful N/.		Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (N	iumber an	d Street. C	ity, State, 2	Lip Code)						
Na	me of As	sociated B	roker or De	aler									
Sta	tes in W	hich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers					·	
	(Check	"All State	s" or check	individua	l States)							☐ Al	l States
	AL	AK	AZ	AR	CA	CO	[CT]	DE	[DC]	FL	GA	HI	[ID]
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM NE	NY	NC	ND	OH	OK]	OR DVV	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	ll Name (	Last name	first, if ind	ividual)									
Bu	siness o	r Residence	Address (1	Number ar	nd Street. C	ity. State, 2	Zip Code)						<del></del>
Nai	me of As	sociated B	roker or De	aler							, <del>,,,,,</del>		
Sta	tes in W	nich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State.	s" or check	individua	l States)		,.,.,					☐ Al	l States
	AL IL MT	AK IN NE	IA NV	AR KS NH	CA KY XJ	LA NM	ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	MO PA
	RI	SC	SD	TN	TX	<u>UT</u> ]	VT	VA]	[WA]	WV]	[WI]	[WY]	PR
Ful	ll Name (	Last name	first, if ind	ividual)									
Bus	siness o	Residence	Address (1	Number an	d Street. C	ity, State, .	Zip Code)						
Nai	me of As	sociated B	roker or De	aler									
Sta	tes in W	hich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	l States)	*************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		**************	**************	☐ Al	l States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH	GA MN OK WI	HI MS OR WY	MO PA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, chec this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange an	k		
	already exchanged.	J		
	Type of Security	Aggregate Offering Pri		Amount Already Sold
	Debt	s 268,000.0	0	s 268,000.00
	Equity	~		§ 0.00
	☐ Common ☐ Preferred	<u> </u>		<u> </u>
	Convertible Securities (including warrants)	。0.00		0.00 \$
	Partnership Interests			§ 0.00
	Other (Specify Membership interests in JSA Associates, LLC		0	\$ 132,000.00
		\$ 400,000.0		\$ 400,000.00
	Total	3	_	\$_400,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	2		
		Number		Aggregate Dollar Amount
		Investors		of Purchases
	Accredited Investors	4		\$_400,000.00
	Non-accredited Investors	0		\$ 0.00
	Total (for filings under Rule 504 only)	4		\$ 400,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securitie sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	T	Type of		Dollar Amount
	Type of Offering	Security debt		Sold \$ 752;888:88
	Rule 505			
	Regulation A			\$
	Rule 504			\$
	Total			\$ 400,000.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$_0.00
	Printing and Engraving Costs			\$ 0.00
	Legal Fees			\$ 10,000.00
	Accounting Fees	************		\$ 0.00
	Engineering Fees			\$ 0.00
	Sales Commissions (specify finders' fees separately)			\$ 0.00
	Other Expenses (identify)			\$ 0.00
	Total			§ 10,000.00

	C. OFFERING PRIC	CE, NUMBER OF INVESTORS, EXPENSES	AND USE OF PROCEEDS	
	and total expenses furnished in response to l	gate offering price given in response to Part C Part C — Question 4.a. This difference is the	"adjusted gross	390,000.00
5.	each of the purposes shown. If the amou	gross proceed to the issuer used or proposed int for any purpose is not known, furnish a ne total of the payments listed must equal the se to Part C — Question 4.b above.	n estimate and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$_0.00	□\$ 0.00
	Purchase of real estate			
	Purchase, rental or leasing and installatio	on of machinery		s 0.00
	Construction or leasing of plant buildings	s and facilities	§ 0.00	S 0.00
	Acquisition of other businesses (includin offering that may be used in exchange for	g the value of securities involved in this	\$ 0.00	S0.00
	Repayment of indebtedness		s <u>0.00</u>	s 0.00
	Working capital		<u> </u>	□ \$ <u>390,000.00</u>
	Other (specify):		\$_0.00	s 0.00
				ss
	Column Totals		s <u>0.00</u>	S 390,000.00
	Total Payments Listed (column totals add	led)		00.000.00
71. (C) 2 (2)		D. FEDERAL SIGNATURE		11.00 (2.00
sig	e issuer has duly caused this notice to be sign nature constitutes an undertaking by the issu- information furnished by the issuer to any	uer to furnish to the U.S. Securities and Exc	hange Commission, upon writte	
Issi	uer (Print or Type)	Signatu(e)	Date	
JS	A Associates, LLC	Jamos file	h. Oct. 21, 21	x y
	me of Signer (Print or Type)	Title of Signer (Print or Type)		
Jan ——	nes J. Fuld Jr. Corp.,	President of James J. Fuld Jr. (	Corp., managing member of JS	SA Associates, L
Ь	y: James J. Fuld, Jr.	$\mathcal{N}_{-}$		
J	. Silver Clothing , Inc.	(Mile)	10/2/0/04	
J	ohn Cerreta	President		

--- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)